
State: District of Columbia **Filing Company:** Banner Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death and Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accidental Death Insurance
Project Name/Number: Application SOV Revisions/ACD-APP-DC (1-17)

Filing at a Glance

Company: Banner Life Insurance Company
Product Name: Accidental Death Insurance
State: District of Columbia
TOI: H03I Individual Health - Accidental Death and Dismemberment
Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
Filing Type: Form
Date Submitted: 05/03/2018
SERFF Tr Num: BANN-131477572
SERFF Status: Pending State Action
State Tr Num:
State Status:
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Ada Miller
Reviewer(s): Colin Johnson (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia
TOI/Sub-TOI: H03I Individual Health - Accidental Death and Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accidental Death Insurance
Project Name/Number: Application SOV Revisions/ACD-APP-DC (1-17)

Filing Company: Banner Life Insurance Company

General Information

Project Name: Application SOV Revisions
Project Number: ACD-APP-DC (1-17)
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/10/2018
State Status Changed:
Created By: Ada Miller
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Ada Miller

Filing Description:

We are submitting an informational filing to revise the variable brackets on the filed application form, ACD-APP-DC (1-17) approved 3/9/17 on BANN-130941815, to match with the Statement of Variability that was submitted with the previous form.

The Statement of Variability states that the Please Respond To Language may or may not be used. However, we inadvertently left out variable brackets around the entire sentence and wish to make the correction to match the Statement of Variability. We have also moved the variable bracket in the first paragraph to include the preposition "by" so that it offers the flexibility of removing the date should the offer not warrant it.

A redlined copy of the application and Statement of Variability are attached.

Thank you.

Company and Contact

Filing Contact Information

Ada Miller, Compliance Specialist
3275 Bennett Creek Avenue
Frederick, MD 21704

amiller@lgamerica.com
301-810-4809 [Phone]
301-294-6964 [FAX]

Filing Company Information

Banner Life Insurance Company	CoCode: 94250	State of Domicile: Maryland
3275 Bennett Creek Avenue	Group Code: 872	Company Type: Life
Frederick, MD 21704	Group Name:	Insurance
(301) 279-4809 ext. [Phone]	FEIN Number: 52-1236145	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Banner Life Insurance Company
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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Colin Johnson	05/07/2018	05/07/2018

Response Letters

Responded By	Created On	Date Submitted
Ada Miller	05/10/2018	05/10/2018

State: District of Columbia **Filing Company:** Banner Life Insurance Company
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/07/2018
Submitted Date	05/07/2018
Respond By Date	05/14/2018

Dear Ada Miller,

Introduction:

Please review our D.C. 31-4725 & 31-4726 (flesch reading score) and provide your certificate readability score on all policy forms not withstanding, certificates, policies, applications, riders, enrollment forms, amendments and endorsements.

Conclusion:

Sincerely,
Colin Johnson

State:	District of Columbia	Filing Company:	Banner Life Insurance Company
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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/10/2018
Submitted Date	05/10/2018

Dear Colin Johnson,

Introduction:

Thank you for your response.

Response 1

Comments:

Readability certification has been attached. Nothing has changed in the flesch score from the previous filing and approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Certification
Comments:	Readability is attached.
	Nothing has changed in the readability score from the previous filing and approval.
Attachment(s):	Readability Certification - DC.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Ada Miller

State:	District of Columbia	Filing Company:	Banner Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death and Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
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Form Schedule

Lead Form Number: ACD-APP-DC (1-17)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Enrollment Form	ACD-APP-DC (1-17)	AEF	Revised	Previous Filing Number:	BANN-130941815		ACD-APP-DC (1-17).pdf
						Replaced Form Number:			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

Enrollment Form Accidental Death Insurance

[Accidental Death Insurance]: [\$000,000]

[Accidental Death Insurance Premium]: [\$00.00] [monthly]

Please correct and complete information below as needed.

Policyholder [John Sample]

[Beneficiary]

Insured [John Sample]

[Date of Birth]

[Address] [123 Any Street]
[Anytown, ST 12345-6789]

Relationship to Insured ☐ Child ☐ Spouse
☐ Other

[Date of Birth] [00/00/0000]

(If no beneficiary is named, the benefit will be paid to the Insured's estate.)

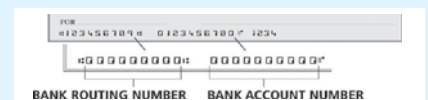
[Email Address]

[[I/You] understand that [I/you] must be between [18-69] years of age on the date the insurance becomes effective to be eligible for this coverage. [I/You] wish to authorize the [\$000,000] Accidental Death Insurance Policy issued by Banner Life Insurance Company, [3275 Bennett Creek Avenue, Frederick, Maryland 21704] (the "Company"), for a [monthly] premium of [\$0.00]. [I/You] understand that the Insurance Policy will not be issued unless this Enrollment has been completed by [me/you] and submitted to the Company [by May 15, 2017], and the first premium has been collected]. **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

[I/You] request and authorize the Company to charge my monthly insurance premiums to my checking account specified below. This authority is to remain in effect until I request cancellation in writing to the Company.

Account Number

Routing Number



X

Signature of Policyholder/Insured

[John Sample]

Date

**[Please respond [online at www.lga/johnsamplexxx] or
by mail [before MAY 15, 2017].]**



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Supporting Document Schedules

Satisfied - Item:	Redlined Copy
Comments:	Redlined copy of form showing missing variable brackets from original filing.
Attachment(s):	ACD-APP-DC (1-17) redlined.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Satement of Variability
Comments:	SOV attached
Attachment(s):	SOV ACD-APP-DC (1-17) final rev 043018.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	Readability is attached. Nothing has changed in the readability score from the previous filing and approval.
Attachment(s):	Readability Certification - DC.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

BANN-131477572

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Banner Life Insurance Company

TOI/Sub-TOI:

H03I Individual Health - Accidental Death and Dismemberment/H03I.000 Health - Accidental Death & Dismemberment

Product Name:

Accidental Death Insurance

Project Name/Number:

Application SOV Revisions/ACD-APP-DC (1-17)

Attachment SOV ACD-APP-DC (1-17) final rev 043018.xlsx is not a PDF document and cannot be reproduced here.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

Enrollment Form Accidental Death Insurance

[Accidental Death Insurance]: [\$000,000]

[Accidental Death Insurance Premium]: [\$00.00] [monthly]

Please correct and complete information below as needed.

Policyholder [John Sample]

[Beneficiary]

Insured [John Sample]

[Date of Birth]

[Address] [123 Any Street]
[Anytown, ST 12345-6789]

Relationship to Insured ☐ Child ☐ Spouse
☐ Other

[Date of Birth] [00/00/0000]

(If no beneficiary is named, the benefit will be paid to the Insured's estate.)

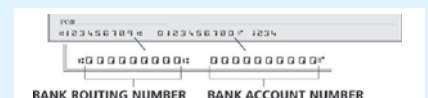
[Email Address]

[[I/You] understand that [I/you] must be between [18-69] years of age on the date the insurance becomes effective to be eligible for this coverage. [I/You] wish to authorize the [\$000,000] Accidental Death Insurance Policy issued by Banner Life Insurance Company, [3275 Bennett Creek Avenue, Frederick, Maryland 21704] (the "Company"), for a [monthly] premium of [\$0.00]. [I/You] understand that the Insurance Policy will not be issued unless this Enrollment has been completed by [me/you] and submitted to the Company [by May 15, 2017], and the first premium has been collected]. **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

[I/You] request and authorize the Company to charge my monthly insurance premiums to my checking account specified below. This authority is to remain in effect until I request cancellation in writing to the Company.

Account Number

Routing Number



X

Signature of Policyholder/Insured

[John Sample]

Date

**[Please respond [online at www.lga/johnsamplexxx] or
by mail [before MAY 15, 2017].]**





Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

Readability Certification

ACD-DC (1-17), ACD-APP (1-17), ACD-OC-DC (1-17)

This is to certify that the attached forms achieved a combined Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

FORM NUMBER	TITLE	COMBINED FLESCH SCORE
ACD-DC (1-17)	Accidental Death Insurance Policy	53.5
ACD-APP (1-17)	Enrollment Form	
ACD-OC-DC (1-17)	Outline of Coverage	

Troy Thompson
Senior Vice President & Chief Actuary
Banner Life Insurance Company

January 25, 2017
Date